

In re Application of: Darin Schaeffer  
For: SELF CENTERING DELIVERY CATHETER  
Attorney Docket No: 8627-345  
Express Mail<sup>®</sup> mailing label number: EV 340864087 US  
Date of Deposit: March 31, 2004

BRINKS  
HOFER  
GILSON  
& LIONE

## UTILITY PATENT APPLICATION TRANSMITTAL

Mail Stop PATENT APPLICATION  
Commissioner for Patents  
P. O. Box 1450  
Alexandria, VA 22313-1450

Transmitted herewith is a new application under 37 C.F.R. §1.53(b), including the following elements and other papers:

1. Application including:
  - ☐ Application Data Sheet. See 37 CFR § 1.76.
  - ☒ Title page
  - ☒ Specification, including claims and Abstract (22) pages
  - ☒ Drawings (5) sheets
  - ☐ Appendices:
  - ☒ Declaration (1) pages; ☒ Executed ☐ Unexecuted
  - ☐ Combined Declaration and Power of Attorney (\_\_\_\_) pages; ☐ Executed ☐ Unexecuted
2. ☒ Information Disclosure Statement, including Form PTO-1449 (3 sheets), and any required copies
3. ☒ Assignment Recordation Cover Sheet, with fee and attached assignment to: Cook Incorporated
4. ☒ Power of Attorney (2) pages Unexecuted; ☐ by inventor ☒ by Assignee listed in #3 above.
5. ☐ Nonpublication Request under 35 USC §122(b)(2)(B)(i)
6. ☐ Other: \_\_\_\_\_
7. ☒ Return Postcard
8. Fee calculation:

☐ Applicant is a Small Entity.

Claims as Filed	Col. 1	Col. 2	Small Entity			Not a Small Entity	
For	No. Filed	No. Extra	Rate	Fee	or	Rate	Fee
Basic Fee				\$ 385	or		\$ 770
Total Claims	20-20	0	x\$9=	\$	or	x\$18=	\$
Independent Claims	2-3	0	x\$43=	\$	or	x\$86=	\$
Multiple Dependent Claims Present			+\$145=	\$	or	+\$290=	\$
*If the difference in col. 1 is less than zero, enter "0" in col. 2.			Total	\$	or	Total	\$770

9. Fee payment:
  - ☒ A check in the amount of \$770.00 to cover the filing fee is enclosed.
  - ☒ A check in the amount of \$40.00 to cover the Assignment recordal fee is enclosed.
  - ☐ Please charge my Deposit Account No. 23-1925 in the amount of \$\_\_\_\_\_. A copy of this Transmittal is enclosed.
  - ☒ The Director is hereby authorized to charge payment of the following fees associated with this communication, or credit any overpayment, to Deposit Account No. 23-1925:
    - ☒ Any additional filing fees required under 37 CFR § 1.16.
    - ☒ Any patent application processing fees under 37 CFR § 1.17.
10. CORRESPONDENCE ADDRESS: please recognize the correspondence address for this application as the address associated with the following Customer Number:

**Customer No. 00757 - Brinks Hofer Gilson Lione**

11. PLEASE DIRECT all telephonic and facsimile communications to:

Michael N. Spink (tel: (734) 302-6000; fax: (734) 994-6331).

Date

3/31/04

Respectfully submitted,

*Michael N. Spink*

Michael N. Spink (Reg.No. 47,107)